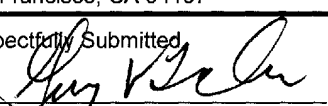
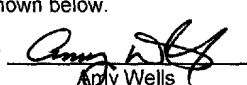


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Dunkley et al.	Group Art Unit: 3771
Application No: 10/822,850	Examiner: Ali, Shumaya B.
Confirmation No: 2666	Attorney Docket No: NK.0198.00
Filed: April 9, 2004	
Title: AEROSOLIZATION APPARATUS WITH AIR INLET SHIELD	November 20, 2007 San Francisco, California

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time			
Papers Enclosed	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
	Extension (Months)	Extension Fee		
		Large Entity	Small Entity	
	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Request for Continued Examination (RCE)	<input type="checkbox"/> Two Months	\$460.00	\$230.00
<input type="checkbox"/> 0 Drawings	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00	
<input type="checkbox"/> Supplemental Information Disclosure Statement	Total \$ 0.00			
<input type="checkbox"/> PTO-1449 Form	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			
<input type="checkbox"/> Citations				
<input type="checkbox"/> Terminal Disclaimer				
<input type="checkbox"/> Postcard for Return				

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	20	31	0	\$50.00	\$25.00	\$0.00
Independent Claims	4	5	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fee for RCE	\$0.00	and/or	
Total	\$0.00	<input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. _____ in the sum of \$ _____.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Janah & Associates, P.C. 650 Delancey Street Suite 106 San Francisco, CA 94107	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below.		Respectfully Submitted, By:  Guy V. Tucker Registration No. 45,302	
By:  Amy Wells		Date: <u>November 20, 2007</u>	